United Nations DP/FPA/CPD/IRN/6

Executive Board of the United Nations Development Programme, the United Nations Population Fund and the United Nations Office for Project Services

Distr.: General
1 July 2016

Original: English

Second regular session 2016
6 to 9 September 2016, New York
Item 5 of the provisional agenda
UNFPA – Country programmes and related matters

United Nations Population Fund

Country programme document for Islamic Republic of Iran

Proposed indicative UNFPA assistance:	$5.75 million: $4.75 million from regular resources and $1.0 million through co-financing modalities and/or other resources, including regular resources
Programme period:	Five years (2017-2021)
Cycle of assistance:	Sixth
Category per decision 2013/31:	Pink

Proposed indicative assistance (in millions of $):

Strategic plan outcome areas		Regular resources	Other resources	Total
Outcome 1	Sexual and reproductive health	1.70	0.50	2.20
Outcome 4	Population dynamics	2.55	0.50	3.05
Programme coordination and assistance		0.50	-	0.50
Total		4.75	1.0	5.75

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I. Situation analysis

1. The Islamic Republic of Iran is an upper middle-income country experiencing rapid socioeconomic changes. The country has a population of around 78 million with a sex ratio of 1.02. Over 70 per cent of the population lives in urban areas, due to high annual internal migration of over one million people. Annual population growth has slowed down to 1.2 per cent and the country has completed the demographic transition. Over 31 per cent of the population is between the ages of 15 to 29. This very young demographic profile, with a total median age of 27, presents an opportunity for equitable economic growth, provided that productive and decent job opportunities are available to all people.

2. Between 1980 and 2014, the country's human development index increased by 52.9 per cent, from 0.49 to 0.75. The index value for 2015 was 0.776, positioning the country in the high human development category, ranking 69 out of 188 countries. The overall literacy rate is high, particularly among youth, which is more than 98 per cent.

3. The country has recently resumed economic growth; however, the unemployment rate is nearly 11 per cent. There is a significant gap between the employment rate among men and women; economic participation is particularly low among women (13 per cent) of working age. The Government anticipates addressing these issues through the sixth national development plan.

4. The working-age population (ages 15 to 64) increased from 52 per cent in 1986 to 71 per cent in 2011. This age group will continue to constitute more than 70 per cent of the population until 2040, resulting in a low total dependency ratio of 41 per cent. This presents an opportunity to harness the demographic dividend by ensuring the provision of health, education and productive employment for the large working-age population, including both women and men.

5. The total fertility rate declined since 1980, from 6.5 to 1.8 births per woman in 2011; this is below the replacement levels, due to improved access to high-quality health care, education and an exemplary voluntary national family planning programme that started in the late 1980s. Today the contraceptive prevalence rate has reached 79 per cent.

6. With declining fertility and an increase in life expectancy from 57 years in 1980 to 71 years in 2011, the population of Iran is projected to undergo rapid ageing. The proportion of older persons (60 years old and above) is projected to increase from 8 per cent to over 30 per cent by 2050. The sex ratio among the older population reached 99.4 per cent in 2011 and the emerging feminization of ageing is expected to reach 92 males per 100 females by 2050. Almost half of older persons are still illiterate, particularly elderly women, who are more vulnerable. The Government is conscious of this emerging trend and has already established the National Council for Older Persons. Data and analytical studies are needed for the formulation of evidence-based social and health policies and programmes in order to address the needs of the growing older population.

7. In light of these major demographic transitions, a general population decree by the Supreme Leader was issued in 2014, which considers qualitative and quantitative aspects of the population issue, including improvement in reproductive health, empowerment of the working-age population and young couples, management of internal migration, and paying special attention to older persons.

8. Iran has a strong national network of primary health care services designed to provide quality maternal and reproductive health care. Since 2014 the health sector has undergone significant reforms in system policies and services. The health transformation plan aims, among others, to achieve the target of universal health coverage, improve citizens' satisfaction with health service provision and enhance

equity. However, there is a need to ensure design and content of the universal health coverage benefit package, focusing on sexual and reproductive health.

9. Iran has achieved Millennium Development Goal 5: the maternal mortality ratio declined from 120 in 1990 to 19.7 per 100,000 per live births in 2014. In Iran, almost all births take place in hospitals or maternity centres with skilled birth attendants. Use of caesarean section has increased in the last decades – from 27 per cent in 1989 to 56 per cent in 2014. However, recent programmes to reverse the trend have had success. The national maternal mortality surveillance system, which was implemented from 2001, needs improvement. In addition, there is no effective mechanism to record maternal morbidities, which are also not addressed by the safe motherhood programme.

10. HIV prevalence in Iran is still low in the general population and the HIV epidemic is in a concentrated phase. In recent years there have been signs of increase in the epidemic in women, which might result in an increased number of HIV infected infants. Although the infrastructure to eliminate mother-to-child transmission is in place, currently only 19.9 per cent of HIV positive pregnant women has received anti-retroviral drugs to reduce the risk of mother-to-child transmission.

11. Iran is one of the most disaster-prone countries in the world. Earthquakes, droughts, floods and sand and dust storms are the most frequent natural disasters. Given its experience, and in line with the Hyogo Framework for Action, Iran has successfully initiated disaster response policies. However, there is a need to enhance sectoral coordination and response and to adopt disaster risk reduction policies, with special attention to women and vulnerable groups. Further, Iran plays host to the world's fourth largest population of refugees. Climate change is expected to compound many of the country's environmental challenges.

12. In view of the increasing importance of population issues, the Government decided to conduct the population and housing census at five-year intervals, beginning in 2011. In addition, other data collection exercises, such as income and expenditure and labour force surveys, are carried out annually. The country has the capacity to collect and manage socioeconomic data and information. However, integration of population databases and analysis and harmonization of civil registration and vital statistics with other sources remain a challenge. Furthermore, there are still gaps in the construction and monitoring of national and internationally comparable indicators.

II. Past cooperation and lessons learned

13. The 2011 country programme evaluation highlighted a number of recommendations, indicating the need to: (a) enhance management and result-based implementation; (b) strengthen coordination and synergy with stakeholders; (c) continue advocacy with relevant stakeholders at national level on issues related to the programme of action of the International Conference on Population and Development; (d) strengthen the national capacity for evidence-based programming and management; and (e) improve monitoring and evaluation functions. All recommendations were adopted and implemented during the country programme.

14. The previous country programme (2012–2016) supported the Government in its efforts to strengthen national capacities to enhance reproductive health services and evidence-based programming for population and development. It assisted in areas of maternal health, sexually transmitted infections, HIV/AIDS, reproductive health cancers and infertility. The programme worked to generate evidence on emerging population issues, and support government efforts to include reproductive health services in national emergency preparedness plans.

15. The main lesson learned from the implementation of the country programme is that while population and development data have been utilized to inform policies and

programmes, it was not done at the optimal level. In addition, data gaps on population and health-related issues remain, and need to be addressed.

III. Proposed programme

16. The proposed country programme, 2017-2021, is in line with the general population decree, overall policies of the sixth national development plan, and the health transformation plan. The programme will contribute to outcomes of the United Nations Development Assistance Framework (UNDAF), 2017-2021, and is in line with the Sustainable Development Goals. The programme is designed based on evidence derived from comprehensive population situation analyses and relevant policy papers.

17. The new programme will concentrate on advocating for the availability and implementation of relevant and informed evidence-based population and reproductive health strategies and action plans that will contribute to the capacity of Iran to benefit from its existing and projected population profile to reap the demographic dividend. This contributes to strengthening the national capacity to address development challenges, including but not limited to enhancing universal health coverage, increasing economic participation, particularly among youth, empowering women and men of working ages, and stimulating economic growth in order to achieve national priorities. Harnessing the demographic dividend will also prepare the population of productive ages to invest in old age security to ensure health and dignity in old age for all people. The key beneficiaries of the programme will be women and men within reproductive and working ages as well as older persons, with special focus on sex and age-specific vulnerabilities. Programmes to improve the reproductive health of refugees entering Iran will be implemented under the South-South cooperation programme. UNFPA will mainstream preparedness and response in emergencies and disasters throughout the programme.

18. UNFPA will continue to engage and collaborate with the Government, United Nations organizations and donors while also liaising with civil society through line ministries. The programme will be anchored in the principle of equity and contribute to the 2030 Agenda for Sustainable Development. A more systematic and institutionalized approach to South-South cooperation and cooperation with neighbouring countries will be adopted.

A. Outcome 1: Sexual reproductive health services

19. Output 1: Increased capacity of national institutions to develop evidence-based policies and action plans for high-quality integrated sexual and reproductive health services for women and men, with a focus on at-risk populations, including in disaster and emergency settings. In line with the safe motherhood strategy and national HIV/AIDS strategic plan of the Ministry of Health and Medical Education, UNFPA engagements will aim at sustaining the country's achievement on maternal health by advocating for high quality maternal services, prevention of high risk pregnancies, and strengthening the midwifery work force, thereby averting preventable maternal deaths and reducing maternal morbidities. In addition, UNFPA will support the improvement of national programmes through research and financial analysis in sexual and reproductive health and HIV/AIDS in order to advocate for costed integrated national sexual and reproductive health action plans, as described in the health transformation plan.

20. The programme will improve reproductive health through advocacy and policy dialogue and technical support for: (a) generating evidence to identify and address inequality that informs reproductive health policies and strategies; (b) institutionalizing maternal death surveillance and response, and supporting a system to identify and reduce near-miss cases and maternal morbidity; (c) enhancing midwifery policies; (d) supporting the national HIV/sexually transmitted infections programme through technical support to surveillance and elimination of mother-to-child transmission; and

(e) developing emergency preparedness plans that include provision of the Minimum Initial Service Package for reproductive health in disasters and emergencies.

B. Outcome 4: Population dynamics

21. Output 1: Increased availability of population data and analysis to inform strategies and action plans on the implications and benefits of the demographic dividend. Considering the current demographic profile and trends of the country, UNFPA, in collaboration with relevant national partners will support government efforts to: (a) generate disaggregated data and analysis, as well as its dissemination and utilization; (b) develop sound and relevant policy papers; (c) strengthen civil registration and vital statistic systems; (d) establish intersectoral mechanisms to maximize the demographic dividend toward equitable economic growth that will result in, among others, greater opportunities for all; and (e) formulate evidence-based population related programmes and action plans.

22. Output 2: Increased availability of evidence to support national formulation of social and welfare policies, strategies and action plans to address population dynamics, with a special focus on population ageing and needs of older persons. This will be achieved through advocacy/policy dialogue and provision of technical assistance, focusing on supporting government efforts to: (a) generate sound evidence and analysis of the current and future status of population dynamics as well as population ageing; (b) produce national and international comparable indicators on ageing and older persons; (c) establish and compile national transfer accounts; (d) include population dynamics, including population ageing issues, into sectoral and national plans; and (e) strengthen inter-sectoral coordination and collaboration for effective programming to address specific vulnerabilities and social and welfare needs of older persons.

IV. Programme management, monitoring and evaluation

23. The Ministry of Foreign Affairs will coordinate country programme implementation, using the national execution modality, in line with results-based programming. At the request of the Government, UNFPA will collaborate with line ministries and, through them, liaise with civil society for its implementation. Through established coordination mechanism, UNFPA, in consultation with the Ministry of Foreign Affairs, will select partners, based on their strategic position and ability to deliver high-quality programmes, monitor their performance and ensure the implementation of audit recommendations. The country programme will follow the framework principles stipulated in section 3.3 of the UNDAF.

24. The programme partnership plan, 2017-2021, considers the middle-income country context, the UNFPA business model, and the governance system of Iran. The Government, UNFPA and partner organizations are committed to delivering the expected results of the programme. Resource mobilization continues to pose a challenge, due to the fact that Iran is now an upper middle-income country. Accountability will be ensured through regular joint reviews, as well as monitoring and evaluation of the programme. The country office will perform a final evaluation of the programme cycle in 2020.

25. The high technical capacity of the UNFPA country office, as well as that of national partners, ensures quality implementation of the programme. Given the focus on upstream engagement, the country office needs to review its current staffing profile and skills to enable effective technical advice and engagement in advocacy and, where appropriate, policy dialogue. The country office staff will be funded from the integrated institutional and programme budgets of UNFPA. The UNFPA regional office for Asia and the Pacific, based in Bangkok, Thailand, will assist the country office in identifying technical resources and will provide quality assurance.

RESULTS AND RESOURCES FRAMEWORK FOR IRAN (2017-2021)

National priority: Universal health coverage
UNDAF Outcome 2.1: Universal health coverage
Indicators: Number and scope of policies, strategies or plans relevant to health systems strengthening developed/updated, adopted and rolled out in the national health system. Number and scope of strengthened implementation capacities for civil registration and vital statistics developed and adopted. Number and scope of initiatives on public financing for mothers', children's and adolescents' well-being developed/enhanced, adopted and being implemented by the Ministry of Health and Medical Education
UNDAF Outcome 2.3: Prevention and control of HIV/AIDS and other communicable diseases
Indicator: Number and scope of national HIV/AIDS policies, strategies or intervention plans developed/updated and rolled out, including with respect to most-at-risk groups
UNDAF Outcome 2.4: Promoting health throughout the course of life
Indicators: Number and scope of policies, strategies or practices strengthened to improve the quality of interventions to end preventable maternal and newborn deaths, reduce birth defects, and improve neonatal and early childhood health and development. Number and scope of policies and strategies, plans of action and guidelines developed/updated and adopted to promote healthy behaviours, and sexual and reproductive health

UNFPA strategic plan outcome	Country programme outputs	Output indicators, baselines and targets	Partners	Indicative resources
Outcome 1: Sexual and reproductive health Increased availability and use of integrated sexual and reproductive health services, including family planning, maternal health and HIV, that are gender-responsive and meet human rights standards for quality of care and equity in access Outcome indicators: • Percentage of live births attended by skilled health personnel. • Increased national budget for sexual and reproductive health.	Output 1: Increased capacity of national institutions to develop evidence-based policies and action plans for high-quality integrated sexual and reproductive health services for women and men, with focus on at-risk populations, including in disaster and emergency settings	• Number of national action plans and strategies developed to improve quality of interventions to end preventable maternal death available by 2021 *Baseline: 0; Target: 2* • Availability of costed reproductive health service packages by 2021 *Baseline: No; Target: Yes* • Action plans and strategies to promote sexual and reproductive health within families available by 2021 *Baseline: No; Target: Yes* • Increased national level of preparedness for delivering reproductive health services in disasters and emergencies with a focus on women and most at-risk populations, by 2021, as determined by the relevant Ministry of Health and Medical Education survey instrument *Baseline: 29%; Target: 43%*	Ministry of Health and Medical Education; Midwifery Association; National Committee on HIV; Iranian Red Crescent Society; United Nations organizations; donors	$2.2 million ($1.7 million regular resources and $0.5 million other resources)

National priority: Population data available for evidence-based sustainable development.
UNDAF Outcome 3.6: Population and development
Indicators: Number and scope of national development policies/plans and practices in which the demographic dividend is included; Number and scope of national development policies/plans and practices in which population dynamics is included; Number and scope of national analysis on national transfer accounts available; Number and scope of thematic reports generated and disseminated as data for development of the demographic dividend and population dynamics; Number and scope of national surveys or studies supported by United Nations organizations.

Outcome 4: Population dynamics Strengthened national policies and international development agendas through integration of evidence-based analysis on population dynamics and their links to sustainable development, sexual and reproductive health and	Output 1: Increased availability of population data and analysis to inform strategies and action plans on the implications and benefits of demographic dividend Output 2: Increased availability of evidence to support national formulation of social and welfare	• Number of evidence-based analytical and thematic reports on demographic dividend and its implications generated by 2021 *Baseline: 1; Target: 4* • Number of strategies and action plans addressing the issues of the demographic dividend available by 2021 *Baseline: 0; Target: 2*	Statistical Centre of Iran; National Organization for Civil Registration; Presidential Office; Ministries of: Interior; Cooperatives, Labour and Social Welfare; Sport and Youth; University of	$3.0 million ($2.5 million regular resources and $0.5 million other resources)

reproductive rights, HIV and gender equality Outcome indicator: • Number of new national development plans that address population dynamics by accounting for population trends and projections in setting development targets	policies, strategies and action plans to address population dynamics with a special focus on population ageing and needs of older persons	• Mechanism for data collection and dissemination on preparedness and response in emergencies available by 2021 *Baseline: No; Target: Yes* • Number of evidence-based analytical and thematic reports on population dynamics, including population ageing and related issues generated by 2021 *Baseline: 1; Target: 6* • Number of sectoral social policies, strategies and action plans that take into account ageing related issues with a focus on specific vulnerabilities available by 2021 *Baseline: 0; Target: 2*	Tehran; Iranian Red Crescent Society; Management and Planning Organization; civil society organizations; United Nations organizations; donors	Total for programme coordination and assistance: $0.5 million from regular resources